



VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 8, 2015

Ms. Randi Cohn, Manager
The Gables At East Mountain
1 Gables Place
Rutland, VT 05701-8868

Dear Ms. Cohn:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 10, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief



JUL 13 2015

PRINTED: 06/23/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 592	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2015
NAME OF PROVIDER DR SUPPLIER THE GABLES AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 1 GABLES PLACE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensure survey was completed by the Vermont Division of Licensing and Protection on 6/10/15. The following regulatory violations were found.	R100	Tag 113 How did we correct deficiency? The full explanation of Discharge and Transfer Requirements (5.3.a of the Residential Care Home Licensing Regulations) has been included in our admission agreement.	
R113 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (1) An involuntary discharge of a resident is the removal of the resident from a residential care home when the resident or the resident's legal representative has not requested or consented in advance to the removal. A transfer is the removal of the resident from the room the resident currently occupies to another room in the home or to another facility with an anticipated return to the home. An involuntary discharge or transfer may occur only when: i. The resident's care needs exceed those which the home is licensed or approved through a variance to provide; or ii. The home is unable to meet the resident's assessed needs; or iii. The resident presents a threat to the resident's self or the welfare of other residents or staff; or iv. The discharge or transfer is ordered by a court; or v. The resident has failed to pay monthly charges for room, board and care in accordance with the admission agreement. This REQUIREMENT is not met as evidenced	R113	 Measures to prevent reoccurrence The RCH's Administrator will review the admission agreement on a quarterly basis to ensure that the necessary verbiage is compliant. How will action be monitored? The RCH's Administrator will review the admission agreement on a quarterly basis to ensure that the necessary verbiage is compliant. Date action to be completed Action completed June 17, 2015.	

Division of Licensing and Protection

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kandi Cohn

STATE FORM

6898

M9FY11

Program Administrator

TITLE

(X6) DATE

July 1, 2015

If continuation sheet 1 of 6

R13 - R252 POCs accepted 7/8/15 MBotter RN | pme

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R113	<p>Continued From page 1</p> <p>by:</p> <p>Based on staff interview and record review, the facility's admission agreements for 5 of 5 residents in the sample, included language for which an involuntary discharge may take place which was in violation of the Vermont Residential Care Home Licensing Regulations (Resident # 1 -5). findings include:</p> <p>Per review of the admission agreements for Residents #1 - #5 on 6/9/15 and 6/10/15, the agreements included a reason for potential involuntary discharge which is not one of the 5 reasons specified as the only reasons for providing an involuntary discharge notice to a resident in the Vermont Residential Care Home Licensing Regulations. The relevant statement in the admission agreement included the following reason: "If a resident's appropriateness, social behavior, attitude and/or mannerisms creates a situation which affects the well-being of other residents, or make it such that the Gables staff is unable to meet the resident's needs, we have the option of giving the resident a written 30 day notice to terminate Residential Care Services." The language included in the above statement is not one of the 5 reasons included in the regulatory language as the only reasons for issuing a 30 day involuntary discharge notice. This violation was confirmed during interview with the Manager on 6/10/15 at 3:45 PM.</p>	R113		
R220 SS=C	<p>VI. RESIDENTS' RIGHTS</p> <p>6.7 A resident may complain or voice a grievance without interference, coercion or reprisal. Each home shall establish a written grievance procedure for resolving residents' concerns or</p>	R220		

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R220	<p>Continued From page 2</p> <p>complaints that is explained to residents at the time of admission. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing, and a method by which each resident filing a complaint will be made aware of the Office of the Long Term Care Ombudsman and Vermont Protection and Advocacy as an alternative or in addition to the home's grievance mechanism.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record/policy review, the facility failed to include all of the required elements in the policy/procedure for the resident's filing of a grievance, as stated in the Resident Rights. All residents of the home are potentially affected. Findings include:</p> <p>Per review of the policy /procedure for grievances on 6/10/15, the procedure did not include a process to respond to the grievance in writing, as required by Vermont Regulations. The procedure's lack of the required written response to a resident grievance was confirmed with the Manager at 3:30 PM on 6/10/15.</p>	R220	<p>Tag 220</p> <p>How did we correct deficiency? We have revised our Grievance Procedure so that we specify that a response will be forthcoming <i>in writing</i> within seven days.</p> <p>Measures to prevent reoccurrence The RCH's Administrator will review the Grievance Procedure, as well as all Resident Rights, on a quarterly basis to ensure that the necessary verbiage is compliant.</p> <p>How will action be monitored? The RCH's Administrator will review the Grievance Procedure on a quarterly basis to ensure that the necessary verbiage is compliant.</p> <p>Date action to be completed June 17, 2015</p>	
R247 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.</p>	R247		

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R247	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the home failed to assure that perishable foods were stored or held at proper temperatures. All residents of the home were potentially affected. Findings include:</p> <p>Per observations of the kitchen and food storage areas during a tour of the dietary areas on 6/9/15 at 10:30 AM, the following refrigerator temperature was higher than the required upper limit of 40 degrees F (Fahrenheit): the walk-in temperature read at 42 degrees F. Per review of the refrigeration temperature logs for refrigerator #1 for May and June, 2015, the temperatures were recorded as above 40 degrees F (ranging from 44 - 54 degrees F.) on 12 different dates. The observations were confirmed with the Food Service Director (FSD) who accompanied the surveyor on the tour. The FSD confirmed that staff had not alerted her or maintenance regarding the out of range refrigerator temperatures.</p>	R247	<p>Tag 224</p> <p>How did we correct deficiency? The Food Service Director has instructed staff to take temperature readings at the same time each day, has educated them on how to read the thermometers accurately, and will have staff recheck temperatures that fall outside the acceptable range (with action being taken to adjust thermostat, transfer food and/or repair appliance as warranted).</p> <p>Measures to prevent reoccurrence The Food Services Director or designated staff member will check temperature logs daily.</p> <p>How will action be monitored? The log will be reviewed by the RCH Administrator on a weekly basis for one month, then monthly thereafter.</p> <p>Date action to be completed Action completed July 30, 2015</p>	
R250 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that all perishable foods were discarded after expiration dates were</p>	R250		

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R250	<p>Continued From page 4</p> <p>reached. All residents if the home were potentially affected. Findings include:</p> <p>Per observation during a tour of the walk-in refrigerator on 6/9/15 at 10:50 AM, the following outdated foods were observed stored in the walk-in:</p> <ul style="list-style-type: none"> a. Pork roast dated 5/31/15 b. Marinara sauce dated 5/25/15 c. whipped topping dated 5/19/15, use by 5/26/15 <p>During interview the FSD stated that perishable foods are to be used or disposed of after 7 days from the date of preparation (day 1), per facility policy on dating of perishable foods. The items were disposed of after the observation.</p>	R250	<p>Tag 250</p> <p>How did we correct deficiency? Out-of-date perishable items were discarded.</p> <p>Measures to prevent reoccurrence The Food Service Director or designee will check for expired perishable food on a daily basis and discard.</p> <p>How will action be monitored? Food storage areas will be inspected by the RCH Administrator weekly for one month. If weekly inspections are successful, inspections will continue monthly and will be reviewed as part of monthly Quality Improvement meetings.</p> <p>Date action to be completed Action completed July 30, 2015.</p>	
R252 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Storage and Equipment</p> <p>7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that all food storage and preparation areas were maintained in a clean and sanitary manner. All residents were potentially affected. Findings include:</p> <p>Per observations during the initial tour of the kitchen and food storage areas on 6/9/15 at 10:30 AM, the following areas were not maintained in a clean and sanitary manner:</p>	R252	<p>Tag 252</p> <p>How did we correct deficiency? All items identified as being unclean during the survey have been cleaned, as well as other food storage areas.</p>	(cont'd)

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R252	<p>Continued From page 5</p> <p>a. A kitchen cart used to move food items was observed to be soiled.</p> <p>b. The area under the steam table had visible build up of dirt/dust.</p> <p>c. The shelves in the dry food storage area were visibly soiled with food crumbs, dust and evidence of mouse excrement was observed.</p> <p>During interview after the tour, the FSD confirmed that cleaning of these shelving units was not done on a routine basis, and was not included on the regular cleaning schedule.</p>	R252	<p><u>Tag 252 (cont'd)</u></p> <p><u>Measures to prevent reoccurrence</u> The cleaning schedule for the areas identified is being reviewed and will be revised to better routinely clean all equipment and storage areas.</p> <p><u>How will action be monitored?</u> The Food Service Director or designee will inspect the areas daily. If daily inspections are successful, inspections will continue weekly for one more month, and ultimately will as part of monthly Quality Improvement meetings. The RCH Administrator will also conduct weekly inspections.</p> <p><u>Date action to be completed</u> July 30, 2015</p>	